

## Application for Permit to Install or Alter a Pressure System

Telephone	Date of Application	
Name of Applicant	Contractor's License No.	
Mailing Address (In Full)	Postal Code	
Owner of System		
Location		
Description of Work		
Design Registration No. (If Available)		

### Piping Systems

Type	Size - Diameter & Length of Pipe	Pressure KPA	Type	Size - Diameter & Length of Pipe	Pressure KPA
Steam			Compressed Air		
Hot Water			Hot Oil		
Refrigeration			Propane		
Medical Gas			Other (specify)		

### Equipment Installation

If Contractor's Specifications and drawings are also submitted, enter size and pressure only below.

Type	Size	Pressure	Manufacturer	Crn	Used
Boiler					<input type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Vessel					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Tradesperson \_\_\_\_\_ No. or Symbol \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Welding Procedure Registration No. \_\_\_\_\_

Work to Commence on \_\_\_\_\_ and be completed by \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

*Permit fee must accompany application. Make cheque or money order payable to Newfoundland Exchequer Account.*

Payment Received \_\_\_\_\_